

**Discrimination Complaint**  
**Wisconsin Fair Employment Law**  
Wis. Stat. §§ 111.31-111.395

AMENDMENT  
ERD Case #  
CR201902057

For office use only

Authorization for this form is provided under Wis. Stat. § 111.39(1).

Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. § 15.04(1)(m)].

**READ instructions on page two FIRST then type or print in black ink.**

**1. Complainant Information**

First Name <b>Jasmine</b>		
Middle Initial <b>S</b>		
Last Name <b>Oliver</b>		
Street Address/PO Box <b>8221 W Oklahoma Ave Apt 3</b>		
City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53219</b>
Telephone Number <b>(414) 640-1505</b>		
E-Mail Address <b>mugsoliverjasmine@gmail.com</b>		

**2. Respondent Information**

The company, agency, or union you believe discriminated against you. Name only <b>ONE</b> Respondent per form. <i>Do not name an individual person as Respondent.</i>		
Name <b>Amazon.com Services Inc.</b>		
Street Address/PO Box <b>3501 120<sup>th</sup> Ave</b>		
City <b>Kenosha</b>	State <b>WI</b>	Zip Code <b>53144</b>
Telephone Number <b>(262) 859-0001</b>		
In what Wisconsin county did the violation take place? <b>Kenosha</b>		

**3. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION**

If you checked a box with an \*, the statement in that box **must** be completed.

I believe the Respondent discriminated or took action against me **because**

<input type="checkbox"/> of my race * which is _____	<input type="checkbox"/> of my age (40 or older) * my date of birth is _____	<input type="checkbox"/> of my marital status * which is _____
<input type="checkbox"/> of my color * which is _____	<input type="checkbox"/> of my conviction record	<input type="checkbox"/> of my military service
<input type="checkbox"/> of my national origin/ancestry * which is _____	<input type="checkbox"/> of my arrest record	<input type="checkbox"/> of my use or nonuse of lawful products
<input checked="" type="checkbox"/> of my sex * which is <b>Female</b>	<input type="checkbox"/> of my sexual orientation * which is _____	<input type="checkbox"/> of genetic testing
<input type="checkbox"/> of my pregnancy or maternity	<input type="checkbox"/> of my creed (religion) * which is _____	<input type="checkbox"/> of polygraph testing
<input checked="" type="checkbox"/> of my disability * which is <b>Anxiety Disorder</b>	<input type="checkbox"/> I declined to attend a meeting or to participate in a communication about religious matters or political matters.	<input type="checkbox"/> I filed a previous discrimination complaint with Equal Rights or testified or assisted with a discrimination complaint. Enter Case # CR _____
<input checked="" type="checkbox"/> I opposed discrimination in the workplace (refer to instruction 2(c) on page 2 of this form)		
<input type="checkbox"/> The Respondent printed or circulated, advertised or published a discriminatory statement	<input type="checkbox"/> The Respondent used a discriminatory application or made a discriminatory inquiry about prospective employment	

**4. Dates of discrimination (Required; estimate if unsure)**

Date the discrimination began? mm/dd/yyyy <b>04/01/2019</b>	Date of the most recent discrimination? mm/dd/yyyy <b>08/27/2019</b>
<input type="checkbox"/> My employment was terminated on _____ (if applicable)	

\* This form covers discriminatory actions alleged under §§ 111.322(1), (2), and (3) of the Wisconsin Fair Employment Law. Discrimination under § 111.322(2m) must be filed using form ERD-1835B, "Retaliation Complaint."

**5. Statement of discrimination:**

Write a brief, concise statement explaining how you were discriminated against. Give the date each action occurred and the name of the person who took the action. Explain how each action(s) was related to the box (es) you checked in section #3 on page one.

On July 30, 2019, I first contacted the Division in writing. On August 28, 2019, I filed a corrected complaint.

I wish to amend ERD Case Number CR201902057 to add the following:

I have an anxiety disorder. I disclosed my disability to management on or around July 15, 2019, and to the HR staff member, Jason, on or around July 19, 2019. I requested a reasonable accommodation of my disability. Specifically, I requested not to be assigned to work along with or in close proximity to my alleged harassers in the workplace. I repeated my request verbally and in writing. The Respondent denied my requests. My work performance suffered because I was assigned to work in close proximity to my harassers.

I informed the Respondent that I would be pursuing complaints with outside agencies, like the EEOC, because my requests and complaints were being ignored.

On or around August 23, 2019, the Respondent reassigned me to another disadvantageous position in rebin/inducting section. I was placed at the end stations, which required more effort and produced overall lower rate.

I believe that the Respondent refused to reasonably accommodate my disability and treated me differently in assignment because of my sex, disability, and opposition to unlawful discrimination in the workplace.

**6. Certification and Signature**

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief. I understand that this complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law.

Signature of Complainant or authorized representative

Date signed

Please complete Equal Rights Process Information Sheet on Page 4